

Approved For Release 2000/04/11 : CIA-RDP84-00360R000600010113-0
PUBLIC VOUCHER FOR PURCHASES
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2061

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

Encl #2
SAPC 26133

COPY 1 OF 2

(Address)

(City)

(State)

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms | QUANTITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|----------|------------|-----|---------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Cost | | | | 1,095. | 76 |

PAYMENT:

Complete ☐

Partial ☐

Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 1,095.76

I certify that the above bill is correct and just and that payment has not been received.

STATINTL

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 3/28/58 *Payee _____
(not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for _____

(Signature or initials)

Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or received in the name of a company or other organization, the name of the person writing the company or organization must appear as well as the name of the individual who signs it. For example, "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Public Voucher for Purchases and
Services Other Than PersonalApproved For Release 2000/04/11 : CIA-RDP64-00360R000600010113-0
MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Sheet No. 1 of Bureau Voucher No. 2061

| No. and Date of Order | Date of Delivery or Service | ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) | QUAN- TITY | UNIT PRICE | | AMOUNT | |
|-----------------------|-----------------------------|---|---------------|------------|-----|-------------|------|
| | | | | Cost | Per | Dollars | Cts. |
| | | Contract <u>A-101</u> System I | | | | | |
| | | Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 3/17 thru 3/23/58 | | | | | |
| | | STATINTL | | | | | |
| | | Labor for Week Ending March 23, 1958 | | | | | |
| | | Overhead for Communications Division computed at interim rates as follows: | | | | | |
| | | Production - [REDACTED] | | | | | |
| | | Other Costs - Per schedule attached | | | | | |
| | | Total Labor, Overhead and Other Costs | | | | | |
| | | G & A expense computed at interim rate of [REDACTED] | | | | | |
| | | STATINTL | | | | | |
| | | Total Costs | | | | | |
| | | | | | | \$ 1,095.76 | |

Sheet #2